

CLAIMS ONLY							Application Number <i>101602964</i>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8	/					58		
9	/					59		
10	b					60		
11	<u>      </u>					61		
12	b					62		
13	b					63		
14	/					64		
15	/					65		
16	/					66		
17	/					67		
18	<u>      </u>					68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
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36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	<i>2</i>					Total Indep		
Total Depend	<i>14</i>					Total Depend		
Total Claims	<i>16</i>					Total Claims		